

**City of Fredericksburg
Department of Parks, Recreation & Public Facilities
408 Canal Street, Fredericksburg, Virginia 22401**

PROGRAM EVALUATION

We hope your participation in our program has been enjoyable and fulfilling, and that you will continue to patronize our classes. Please complete this evaluation to help us continue to improve our services to the community. Using a scale of one to five, with (5) indicating excellent or very appropriate, (1) indicating poor or inappropriate, and NA indicating category does not apply, please share with us your assessment of each area listed below.

Program or League Name _____

Date(s) _____ **Time** _____

Instructor/Coach Name _____ **Team:** _____

Are you a: ☐ Participant ☐ Parent/Guardian to Participant

PROGRAM							INSTRUCTOR/COACH						
Fee	5	4	3	2	1	NA	Subject knowledge	5	4	3	2	1	NA
Number/length of sessions	5	4	3	2	1	NA	Helpfulness	5	4	3	2	1	NA
Number of participants	5	4	3	2	1	NA	Enthusiasm/attitude	5	4	3	2	1	NA
Condition of fields/facility	5	4	3	2	1	NA	Preparedness	5	4	3	2	1	NA
Time of day	5	4	3	2	1	NA	Fairness	5	4	3	2	1	NA
Age grouping	5	4	3	2	1	NA	PARTICIPANT OUTCOMES						
Condition of equipment	5	4	3	2	1	NA	Participant enjoyment	5	4	3	2	1	NA
Safety/treatment of injuries	5	4	3	2	1	NA	Skill development	5	4	3	2	1	NA
Officiating (sports only)	5	4	3	2	1	NA	Positive attitude	5	4	3	2	1	NA
							Cooperation/teamwork	5	4	3	2	1	NA

OUR DEPARTMENT & ITS PROGRAM OFFERINGS

Variety of program offerings	5	4	3	2	1	NA
Offerings sufficient for all ages	5	4	3	2	1	NA
Quality of programs offered	5	4	3	2	1	NA

How did you hear about this program? ☐ Radio ☐ Cable TV ☐ Newspaper/Brochure ☐ Flyer ☐ Friend

Please use this space and the reverse side, if necessary, to give us your additional comments, ideas, and suggestions, especially pertaining to areas you found unsatisfactory:

Thank You!